			PERMANENT PARCEL NUMBER	
2015 filing for	Calendar Year 20	16 Discount		
		CITY OF BEDFORD		
		on for Water / Sewer		
N. CA II	APPLIC	CATION DEADLINE 9/2	25/2015	
Name of Applicant		Name of Spouse		
Address	City	Zip	Phone Number	
S	ocial Security Number - Applicant		Social Security Number - Spouse	
Birth Date - Applicant	Age of Applicant	Birth Date - Spouse	Age of Spouse	
A. \$			MENT INCOME: ATTACH PROOF ement benefits of applicant in 2014.	
В. \$		Total year's Social Security and / or Railroad Retirement benefits for spouse in 2014.		
ALL O	THER 2014 INCOME;	TAXABLE & NON - TA	XABLE: ATTACH PROOF	
C. \$	Federal Income Ta interest, pensions, benefits paid by the Disability applicant	Unemployment Compensation of Weterans Administration of ts deduct up to \$5,200 on the not include Workers Comp	s reported on last year's le income tax, include wages, on, rents, etc. Do not include a branch of the Armed Services. employer's portion of disability ensation, Veterans, Black Lung	
	TOTAL INCOME.	(Add A, B, anc C): NOT To	O EXCEED \$ 32,406 (Reference ORD 8863-11)	
		proof: Copies of annual Social Security statements, Federal Income Tax		
\$	Return, bank stateme	ents, and rents etc., must accom	npany this application.	
information revokes the	Director to examine any finar right to a reduction for 3 year my knowledge and belief, th	OLLOWING STATEMENT notial records that relate to my rs. I declare under penalty of p is return is true and complete.		
FOR DISABLED APPLICANTS UND		ED AGE 65 ONLY DOCTOR		
"Permanently and totally disa some impairment in body or reasonably able to perform an any present indication of reco	bled means a person who has, on the mind that makes one unfit to work and which will, with reasonable probutery wery therefrom or has been certifie	ne first day of January of the year of at any substantially remunerative em ability, continue for an indefinite per	application for water/sewer discount uployment which the person is riod of at least twelve months without I by a state or federal agency having	
I (we) hereby certify thatdisabled by virtue of physical	disability [] or mental disability	was, as of January 1, 2015	and is now totally and permanently	
Physician / Psychologist (sign	nature) Date	Print Name of Person S	igning	
License No.				
DISABILITY	APPLICANT: APPROVAL (Address - Street - City - CONTINGENT UPON DOCTOR	Zip Phone Number R'S COMPLETION OF THIS PORTION.	